

# BAY AREA RAPID TRANSIT DISTRICT

## RETURN TO WORK CONFIRMATION

This form must be completed when an employee returns from an industrial or disability absence. The Supervisor (or designee) must attach all return to work slips and/or RTW Questionnaire submitted by the employee to Disability Programs. This form must be completed within 24 hours of the employee's return from the absence so as to stop industrial/disability benefits and put the employee back on the payroll. Please fax form to Disability Programs at (510) 464-7511. Failure to complete this form may result in payroll delay.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee Name: \_\_\_\_\_ Employee ID No.: \_\_\_\_\_

### I TO BE COMPLETED BY FOREWORKER, SUPERVISOR OR MANAGER

Actual Return To Work Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did Employee Provide a Medical Slip To Return To Work? ☐ Yes ☐ No

Did Employee Provide a BART RTW Questionnaire? ☐ Yes ☐ No

Date Released to Return to Work (If different from Actual Return Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Request Form Initiated ☐

**SPECIAL NOTE:** For industrial injuries, in which the employee's date of return occurs on the weekend that a payroll period ends, call the Disability Programs office on Monday morning by 10:00 am with a verbal notification of the return to work date. Completion and distribution of the forms is still required.

\_\_\_\_\_  
Submitted by (Print Name)/Extension

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Completed

### II TO BE COMPLETED BY DISABILITY PROGRAMS

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Received

Type Of Absence: ☐ Non-Industrial ☐ Industrial

Employee Returned To: ☐ Regular Work

☐ TMA Department No.: \_\_\_\_\_

☐ Reasonable Accommodation Department No.: \_\_\_\_\_ Position No.: \_\_\_\_\_

#### ☐ DATA CHANGE

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ RFL - Return from Leave

☐ TMA - Temporary Modified Assignment

Return from leave while on paid status.

Employee working on temporary modified assignment.

Planned Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **TRANSFER**

☐ Reasonable Accommodation

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee is accommodated into a different position

☐ **RETURN FROM LEAVE**

☐ RFL - Return From Unpaid Leave

☐ TMA - Temporary Modified Assignment

**Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee returning from Leave while on unpaid status.

Employee working on temporary modified assignment.

Planned Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Disability Programs Signature

Date Received

Date Provided to HRIS

**III For Use by HRIS**

HRIS Signature

Date Received

Date Entered

**IV For Use by Time and Labor**

<b>TMA</b>	<input type="checkbox"/> Set Rule Element 4 (TMA)	<input type="checkbox"/> Set Rule Element 5	_____ Department
<b>RTW</b>	<input type="checkbox"/> Clear Rule Element 4	<input type="checkbox"/> Clear Rule Element 5	

TAAD Signature

Date Received

Date Entered

**V Payroll Adjustments – To be completed by Payroll**

**Additional Pay Adjustments – Enroll employee if previously on leave with Benefits**

Additional Pay Type	Begin Date	Additional Pay Type	Begin Date

**General Deductions – Validate employee has these deduction codes**

- ☐ Deduction Code 700 - MPPP Special Accumulator Deduction Calculation
- ☐ Deduction Code 715 - Leave Sold to MPPP (if applicable)
- ☐ Union Dues (as appropriate) – **029** – ATU Full Time, **031** – ATU Part Time, **032** – BPMA, **033** - BPOA, **034** - SEIU
- ☐ Union Assessments (as appropriate) - **035** – ATU, **036** – SEIU

Payroll Signature

Date Received

Date Entered